



Delivering on a Mission:

How Presbyterian Homes & Services of Kentucky is taking outcomes to new heights with full EMR – and across the enterprise

Dearl Layton, Director of IT,
Presbyterian Homes & Services of Kentucky

Paula Alford, Clinical Systems Administrator,
Presbyterian Homes & Services of Kentucky

Allen McDavitt, Director of Accounting Services,
Presbyterian Homes & Services of Kentucky

Steve Barker, CFO,
Presbyterian Homes & Services of Kentucky



“AHT keeps a pulse on the whole industry, shares the knowledge, and keeps us on the cutting edge.”

Allen McDavitt, Director of Accounting Services, Presbyterian Homes & Services of Kentucky

Executive Summary

With a mission-driven call, Presbyterian Homes and Services of Kentucky (PHSK) is committed to dignity and independence for residents since 1882. Four campuses serve communities in KY – including a CCRC, two skilled nursing facilities, and one assisted living facility. A stellar reputation maximizes census.

Technology is a key strategy for driving high-quality care, and a partnership with American HealthTech is core to operations across the enterprise. PHSK’s impressive results include:

Clinical

- Boosted resident satisfaction, improved assessments, streamlined care transitions, simplified accident/incident/infection tracking, and expanded education
- Eliminated potential for missed follow up documentation for medication administration – a potential survey issue
- Freed up 1 FTE per facility formerly dedicated to updating assignments - with streamlined workflows

Financial

- Eliminated 95% of overtime and an FTE equivalent in the business office for data entry between the financial and clinical system
- Drastically reduced default rates – one incident alone previous to AHT had an opportunity cost of \$100K

Enterprise

- Surfaced new reports for benchmarking and leverage of best practices
- Launched outcomes reporting to monitor clinical excellence, drive continuous improvement, and prepare for the accountable world of healthcare to come

“We knew change would be huge, but we had to move forward in order to deliver on our mission.”

Dearl Layton, Director of IT, Presbyterian Homes & Services of Kentucky

Challenges

For several years PHSK struggled with dissimilar applications. PHSK tried two different systems for electronic medical records, plus had a different system for financials, and others for various niche needs.

There were three challenges that were the primary drivers of change:

Lack of integration

First, offered Dearl Layton, Director of IT, was about a lack of integration. “We were working 7 days a week entering data manually between our clinical systems and our financial system. We knew that there were opportunities to eliminate overtime by using an integrated system.” Steve Barker, CFO, added “when we needed information, we were always fumbling around in different systems to get it.”

Cumbersome

Secondly, the systems they tried for medical records were cumbersome. Paula Alford, Clinical Systems Administrator, explained “our first clinical system was not long-term-care focused. It was cluttered with acute care data not relevant to our organization, causing confusion and unnecessary training time.”

Technical problems

The third, and last straw, Layton offered, “made getting approval from our board a no brainer. Technical problems with the second clinical system we tried kept surfacing with medications, and the risk was just too great. We knew change would be huge, but we had to move forward in order to deliver on our mission.”

“People are naturally resistant to change, and the AHT team helped us through changing our way of thinking.”

Dearl Layton, Director of IT, Presbyterian Homes & Services of Kentucky

Solution

Layton and Alford began the search for an easy-to-use, integrated system to create efficiencies, drive up quality, and prepare for the integrated world of healthcare to come. Layton explained “we wanted a **complete package across our enterprise, with no interfaces**, that was proven in the field. We wanted one database and seamless flow of information, in order to easily create reports and gain efficiencies.”

After an extensive search, PHSK selected American HealthTech as their partner. Today PHSK is fully digital, with a comprehensive EMR, and as paperless as possible across the enterprise.

Results

Better workflow

“People are naturally resistant to change, and the AHT team helped us through changing our way of thinking,” offered Layton. As AHT was deployed to PHSK’s campuses, they started with the basics, focusing on medical records, CNA documentation, and preparing for electronic medication administration. Implementation was done in phases. Layton recalled “we learned workflows are key, and AHT shared best practices on how to optimize them in new ways to create efficiencies.”

Better resident satisfaction

In addition to rethinking workflows and software, the company also used the transition between medical record systems to rethink hardware technology. Layton explained “we were using hand-held devices, and residents felt like they were being scanned. So in our migration to AHT, we tried wall kiosks for CNA documentation and they worked great. CNAs like how easy they are to access and find things. Smart Charting really simplified the way our CNAs deliver care.”

“Our CEO is taking a thoughtful approach to accountable care, and we like the possibilities we have with interoperability and AHT.

Dearl Layton, Director of IT, Presbyterian Homes & Services of Kentucky

Better task management

Because resident needs constantly change, CNAs need regular flow of updates on new tasks. Alford explained, “with our previous system, we had a unit secretary in each facility focused on assigning tasks. Now with Smart Charting we send tasks right to CNAs at the kiosks. There’s no delay, and unit secretaries have been freed up to focus on staffing.”

Better assessments, better treatment

“We’re getting better and better with user-defined assessments,” explained Alford. “For example, our psychiatric physicians like the rich information on behaviors. Physicians are prompted by resident-specific observations – it’s not cookie cutter. Better assessments lead to more successful treatment – the whole process is streamlined in AHT.”

Better incident, accident, infection tracking

PHSK is using AHT to log accidents, incidents, and infections. Alford explained “there’s no delay. Directors get real time reports, and can immediately target resident-specific follow up. With better accident, incident, and infection tracking, we freed up 4-5 hours per month we used to spend compiling these important reports.”

Better care transitions

Care transitions are increasingly an area of focus, in order to better coordinate care delivery. Layton explains “regional hospitals have come to rely on us for a complete transition package, and the reports in AHT make it easy. Our CEO is taking a thoughtful approach to accountable care, and we like the possibilities we have with interoperability and AHT.”

Better reimbursements

In clinical, reimbursements are vital, helping PHSK continuously invest in residents – with programs to improve quality of care and the environments in which it is delivered. *Nearly 90% of PHSK’s revenues go directly to support program services.* Layton shared, “with our previous electronic medical record system, we had challenges with documentation that resulted in default rates. One incident in particular was particularly harsh: we lost over \$100K revenue. With superior training plus AHT, the days of default rates are over. Due to deep use of the system, we’re doing a great job with assessments, guided care delivery, and most importantly capturing everything we do for our residents.”

“We gained back an FTE by eliminating manual data entry between systems. Integration is a real time saver.”

*Steve Barker, CFO,
Presbyterian Homes &
Services of Kentucky*

Reduced overtime & gained an FTE

In the business office, a tightly integrated system made a big impact in workflows between the clinical system and the organization’s accounting and financial management. Layton reported “we cut our overtime in the business office 95%, thanks to integration and seamless data flows. Staff used to transfer information from our clinical to our financial system 7 days per week. With those days behind us, we have freed up resources to improve service delivery.” Steve Barker, CFO, added “we gained back an FTE by eliminating manual data entry between systems. Integration is a real time saver.”

Better medication management

When it comes to managing prescription medications, providers must not only ensure accurate, on-time drug delivery but also document the effectiveness of treatment. Failure to document effectiveness can result in survey tags. “Before AHT,” explained Alford, “the follow up documentation for medication administration was hit or miss. Now we’re doing better job of documenting drug effectiveness: the automatic notifications keep us on track, and give us a more complete history of patient history.”

Better education

Importantly, PHSK looked for not only software, but a education-driven partner who keeps pace with regulatory issues. “From the start, AHT was aggressive with MDS 3.0 education; I liked that. AHT really keeps us out in front of regulatory issues,” according to Alford. PHSK also conducts ongoing education seminars for staff. “I love the new training guides on the website, it’s easy for me to pull down webinar materials and customize them for our unique needs,” added Alford.

Better benchmarking

As a clinical and IT expert, Alford explained how her job has evolved over time, now that implementation is complete across the enterprise. “In the beginning, I oversaw the implementation and served as a coach. More and more, I’m serving as a clinical liaison. I love having a big, deep database in AHT. Everything I need is right there on the screen, making it easy to conduct all kinds of useful analysis. I see where our facilities excel, where I can leverage best practices, and help them optimize clinical policies for the digital era of healthcare.

“Knowledge is power, and we’re well positioned to compete with Outcomes Reporting in the regions we serve.”

Dearl Layton, Director of IT, Presbyterian Homes & Services of Kentucky

Outcomes Reporting

Many providers are in the process of understanding the impact that accountable care will have in the regions in which they operate.

“The day AHT released outcomes reporting,” Alford recalled, “our CEO asked me for Medicare admissions and discharge reports. In the past, I’d have done them by hand. AHT’s outcomes reports gave me exactly what our CEO needed in just a few seconds, and saved me hours of work.”

Continuous improvement

“Our CEO is using them to see how reimbursement changes might impact us. He wants to track discharges and why. He’s wondering...could we have kept them and prevented the readmit?”

Increased awareness with outcomes reporting is helping PHSK target quality improvement programs. Alford offered two examples:

- “We verified in one facility that most of our readmissions were IV-related infections that the hospital sent us in the first place.”
- “We learned in another facility, a rural one, that one physician was sending 100% of certain types of incidents to the hospital – just ‘to be sure’ that in the 1.5 hour trip to the hospital, there was no risk of complications or delay in treatment. Given increased scrutiny of readmissions, we know we can’t do that anymore.”

About Presbyterian Homes & Services of Kentucky

The ministry of Presbyterian Homes and Services of Kentucky (PHSK) began in 1882, with the desire of one widow to care for homeless widows. Drawing upon its rich history, today Presbyterian Homes and Services of Kentucky offers unique, faith-based communities throughout the state. With a mission-driven call to life care for the aging and others, PHSK endeavors to give compassionate care and superior service.

About American HealthTech

American HealthTech is **Your Ultimate Connectivity Partner**, connecting caregivers, partners, and healthcare networks to drive higher outcomes in the new era of post-acute care. Coast to coast, over a quarter of the nation's providers depend on AHT daily for innovations that free hands to care for others. For more information, visit www.healthtech.net.

© January 2012, American HealthTech. All Rights Reserved.